

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>New American Jobs Fund</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00625533         </div>		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee <b>League of Conservation Voters, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016		
Mailing Address 1920 L St NW Ste 800			Amount 36.32		
City Washington    State DC    Zip Code 20036-5045		Transaction ID : EDE7D5467D7D5475A9E1			
Purpose of Expenditure Staff Time for Press Release		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2016	
Name of Federal Candidate Ross, Deborah, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		Office Sought: <input type="checkbox"/> House    District: _____
Calendar Year-To-Date Per Election for Office Sought			600596.74		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>Printex, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2016		
Mailing Address 35C Industrial Parkway			Amount 221.43		
City Woburn    State MA    Zip Code 01801-1914		Transaction ID : E374D5F88E5D94C9FAD8			
Purpose of Expenditure Arm Band Reflectors		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Ross, Deborah, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC		Office Sought: <input type="checkbox"/> House    District: _____
Calendar Year-To-Date Per Election for Office Sought			660694.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			257.75		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Collins, Patrick, , , Signature			[Electronically Filed]		Date 11 / 05 / 2016

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>New American Jobs Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00625533	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mack-Sumner Communications, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 04 / 2016</b>		
Mailing Address 2001 N Beauregard St Ste 420			Amount <b>4712.50</b>		
City Alexandria	State VA	Zip Code 22311-1750	Transaction ID : <b>EB60D57FF5D994022A0C</b>		
Purpose of Expenditure Door Hangers		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Ross, Deborah, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>660694.24</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Mack-Sumner Communications, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 04 / 2016</b>		
Mailing Address 2001 N Beauregard St Ste 420			Amount <b>2663.57</b>		
City Alexandria	State VA	Zip Code 22311-1750	Transaction ID : <b>EE24CD3C52BA84E6898E</b>		
Purpose of Expenditure T-Shirts		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Ross, Deborah, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>660694.24</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>7376.07</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Collins, Patrick, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 05 / 2016**

Signature

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Terra Strategies, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 04 / 2016</b>	
Mailing Address 100 East Grand Ste 380		Amount 52500.00	
City Des Moines	State IA	Zip Code 50309-1801	Transaction ID : E337613F11C264A74B70 Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2016</b>
Purpose of Expenditure Field Canvass Consulting		Category/ Type	
Name of Federal Candidate Ross, Deborah, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		660694.24	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	52500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	60133.82

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Collins, Patrick, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
11 / 05 / 2016

Signature